

United States of America, State of Indiana
v.
Atlantic Richfield Company and E.I. Du Pont De Nemours and Company
No. 2:14-cv-00312

Memorandum in Opposition to Applicants' Motion to Intervene

Exhibit B

Declaration of Mark Johnson

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA
HAMMOND DIVISION**

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UNITED STATES OF AMERICA and	:	
STATE OF INDIANA,	:	
	:	
Plaintiffs,	:	
	:	
v.	:	Civil Action No. 2:14-cv-312
	:	
ATLANTIC RICHFIELD COMPANY and	:	
E. I. DU PONT DE NEMOURS AND COMPANY,	:	
	:	
Defendants.	:	
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DECLARATION OF MARK JOHNSON

I, Mark Johnson, do declare and affirm as follows:

I. PROFESSIONAL BACKGROUND AND PERSONAL KNOWLEDGE

1. I currently serve as the Regional Director and Senior Environmental Health Scientist for the Region 5, Chicago office of the Agency for Toxic Substances and Disease Registry (“ATSDR”). The ATSDR’s Chicago office is co-located with EPA’s Region 5, which oversees EPA’s activities in Michigan, Ohio, Indiana, Illinois, Wisconsin, and Minnesota. I have held my current position since 2001.
2. In addition to my work at ATSDR, I began working in 2016 as an Adjunct Associate Professor in the Department of Environmental and Occupational Health Sciences at School of Public Health at the University of Illinois in Chicago. I co-instruct a Toxicology course.
3. Prior to my position at ATSDR, I was employed in various positions in public health:
 - a. 2000-2001: Senior Environmental Health Scientist; U.S. EPA Region 5, Office of Strategic Environmental Analysis (OSEA).

- b. 1994-2000: Toxicologist; U.S. EPA Region 5, Superfund Division, Federal Facilities Section.
 - c. 1994-2000: Adjunct Assistant Professor; Northwestern University Medical School.
 - d. 1988-1994: Assistant Professor; Northwestern University Medical School, Department of Pathology/Cancer Center.
 - e. 1984-1988: National Institute of Health Post-Doctoral Fellow at Columbia University, Institute of Cancer Research, New York.
 - f. 1979-1984: Graduate Research Assistant/Monsanto Fund Fellow; University of Wisconsin.
 - g. 1977-1979: Public Health Service Trainee; University of Illinois Medical Center, School of Public Health Department of Environmental and Occupational Medicine.
4. In 1984, I obtained a Ph.D. in Oncology/Environmental Toxicology from the University of Wisconsin-Madison. I obtained a Master of Science in Occupational and Environmental Medicine in 1980 from the University of Illinois Medical Center School of Public Health. I obtained a Bachelor of Arts in Biology with a minor in Chemistry from Augustana College in Rock Island, Illinois, in 1976.
5. I have participated in various EPA national and regional workgroups as well as ATSDR workgroups. I have also spoken at various public health conferences and received numerous awards for my work in public health.
6. I make this Declaration based on my personal knowledge and on the information provided to me by other employees of ATSDR.

II. ATSDR AND THE CHICAGO OFFICE

A. ATSDR Purpose and Functions

7. The ATSDR was established in 1980 pursuant to Section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. § 9604(i), within the U.S. Department of Health and Human Services. As the lead agency within the United States' Public Health Service for implementing the health-related provisions of CERCLA, ATSDR is charged

under CERCLA to assess the presence and nature of health hazards at specific Superfund sites and releases, to help prevent or reduce further exposure and the illnesses that result from such exposures, and to expand the knowledge base about health effects from exposure to hazardous substances. The ATSDR shares management with the Centers for Disease Control and Prevention (“CDC”) and the Administrator of ATSDR is the Director of the CDC. ATSDR also has limited responsibilities under the Resource Conservation and Recovery Act (RCRA), Clean Air Act, Clean Water Act, Affordable Care Act, and the Public Health Service Act.

8. The ATSDR performs many specific functions including but not limited to: public health assessments of CERCLA sites; health consultations concerning specific hazardous substances; health surveillance and registries; response to emergency releases of hazardous substances; applied research in support of public health assessments, information development and dissemination, and education and training concerning hazardous substances.

B. Chicago Office

9. The Chicago office of ATSDR is staffed by me, two Health Assessors, and an administrative staff assistant. My role as the supervisory ATSDR representative for Region 5 includes assigning work among the office staff; reviewing work performed by office staff; serving as a scientific liaison with other federal agencies and non-federal organizations, including work on task forces, committees and work groups; providing expert toxicological and technical advice on often highly complex issues regarding human health impacts resulting from exposure or potential exposure to hazardous substances in the environment; developing implementation and response plans for site-specific projects; and preparing or overseeing the preparation of reports and summaries.

10. Of relevance to this Declaration is Chicago office Health Assessor Dr. Motria Caudill who has performed substantial work on the matters described herein. Dr. Caudill earned her M.S. and Ph.D. in Environmental and Occupational Health Sciences from the University of Illinois at Chicago School of Public Health (UIC-SPH). She is also currently on faculty at UIC-SPH as an Adjunct Associate Professor. Dr. Caudill has been at ATSDR since 2015. She worked from 2000-2015 as an Environmental Scientist in the Air and Radiation Division of U.S. EPA Region 5 with a focus on air toxics and lead. Dr. Caudill's role as a Health Assessor includes assessing potential health effects of environmental toxins in soil, drinking water, and air. She communicates environmental health information to affected citizens and advises regulatory agencies about appropriate actions to reduce exposures.

11. In our work with Region 5, the ATSDR Chicago office works extensively with the Superfund Remedial and Emergency Response Programs at EPA, providing public health support for many active National Priorities List ("NPL") sites, time-critical removal actions, emergency responses. In addition, ATSDR-R5 responds to a significant number of citizen inquiries and petitions for public health assessments.

III. ATSDR ACTIVITIES AT THE SITE FROM JUNE 2016 THROUGH NOVEMBER 2016

A. Overview

12. Last June, ATSDR was notified of the results of EPA's sampling of residential yards within the West Calumet Housing Complex ("Housing Complex") in East Chicago, Indiana. The Housing Complex is a part of the U.S. Smelter and Lead Refinery, Inc. Site ("USS Lead Site" or "Site"), a site listed on the NPL. The residential areas of the Site have been divided into three zones: Zones 1, 2, and 3. The Housing Complex is in Zone 1.

13. Since June, agency staff have been working closely with EPA, CDC, the East Chicago Health Department (“ECHD”), the Indiana State Department of Health (“ISDH”), and other federal, state, and local agencies to identify individuals who have been exposed to contamination at the Site and to facilitate actions to eliminate that exposure. From the beginning of June to the end of November, ATSDR staff have put in well over 1,000 man-hours of time devoted to this effort. CDC staff have also provided a significant amount of time in support of the evaluation of blood lead data from East Chicago. This commitment of time exceeds the level of effort that would typically be applied to a Superfund site.

B. Commencement of ATSDR’s Recent Involvement

14. On June 8, 2016, EPA Region 5 contacted me asking for ATSDR’s assistance with respect to the public health aspects of the Site. EPA had recently finalized detailed soil sampling results in the Housing Complex that EPA had undertaken for purposes of determining the soil excavation contours for removing contaminated Housing Complex soil. These results showed widespread distribution of significant contamination. The City of East Chicago (“City”) had also recently received the sampling results and was likewise concerned about the public health implications. EPA initially asked ATSDR to review the protectiveness of EPA’s selected remedy at the Site and to evaluate any risks associated with residents remaining in place during the soil excavations. However, from the start, EPA wanted to solicit the City’s input on questions and concerns that ATSDR should address.

15. Accompanied by EPA, Dr. Caudill and I first met with representatives of the City, the ECHD, and the East Chicago Housing Authority (“Housing Authority”) on June 22, 2016. Either on that date or even before then, I was informed that the City and the ECHD were going to embark on a plan to do blood lead level (“BLL”) screenings on every child under 18 years of age

in the Housing Complex. In light of that, ATSDR's immediate focus shifted to providing the City and the ECHD substantial support and assistance for the very significant screenings that they sought to undertake.

C. Blood Lead Level Screenings at the Site

1. Background

a. Effects of Elevated Blood Lead Levels

16. Studies of occupational exposure to relatively high levels of lead have identified adverse health effects such as peripheral neuropathy, anemia, kidney damage, miscarriage, and reproductive system toxicity. There has been a significant decline in blood lead levels in the decades since the use of lead in paint was banned by EPA in 1978 and the gradual reduction in the use of tetraethyl lead as an additive to gasoline, beginning in the early 1970s, with a final ban in 1995. However, on-going research into the health effects of lead exposure continues to find evidence of toxicity at lower and lower levels of exposure.

b. Sensitive Populations

17. While health effects of exposure to lead can be observed in adults, the primary concern about lead exposure is toxic effects on development of the nervous system. Therefore, the most sensitive populations are pregnant women and children less than 6 years of age. These are the individuals who are being targeted for blood lead testing in East Chicago.

c. Blood Lead Level Standards

18. The current position of CDC/ATSDR is that there is no safe level of childhood blood lead and that there should be continued efforts to eliminate exposure to lead, particularly for pregnant women and young children. While for many years, a blood lead concentration of 10 ug/dL was considered to be an action level to trigger interventions, evidence of neurobehavioral effects at

levels below 10 ug/dL led CDC to lower the recommendation to 5 ug/dL as a reference level, representing the 97.5 percentile of blood lead measurements of young children in the U.S.

2. Screenings at the USS Lead Site

19. The ATSDR does not undertake itself BLL screenings. Instead the CDC provides funding to state departments of health for this (and other) purposes. Therefore, one of the first functions that Dr. Caudill and I performed when learning of the City's/ECHD's interest in testing all children under 18 in the Housing Complex was to contact CDC and work to get the ISDH directly involved. That effort met with quick success and ISDH soon became heavily involved in working with the City/ECHD on the BLL screenings at the Housing Complex and beyond.

20. Initial efforts at screening involved outreach to the Housing Complex residents to encourage them to bring their children to ECHD's office for free testing. Adults were also able to be tested without cost. Screenings at ECHD's offices and at the Women, Infant, and Children's offices in the same building continue to the present time.

21. In mid-August, the School Superintendent of the East Chicago School District decided not to open the Carrie Gosch Elementary School and to reopen the closed Westside Middle School as the location for the Carrie Gosch students. To facilitate testing of the children who lived in the Housing Complex and in Zones 2 and 3, ISDH held blood lead testing events at the "new" Carrie Gosch Elementary School for children from Kindergarten through Second Grade on Aug. 29 and 30th. When EPA began leasing space at the "Old" Carrie Gosch School for their operations, ISDH set up a clinic in the Teacher's lounge and conducted a blood lead screening program on Fridays and Saturdays. Anyone who walked in would be tested free of charge. In addition, on Sept. 23rd and 24th, ISDH set up a mobile testing facility on the streets of the Housing Complex. As attendance declined at the "Old" Carrie Gosch School clinic, in early

October, ISDH began blood lead screenings on Fridays and Saturdays at the Housing Complex Recreation Center and Riley Park (which is located in Zone 3).

22. The blood sampling procedures evolved over time, initially with a capillary (finger stick) sample that was sent to the state laboratory for analysis. However, it would generally take a week for the results to be reported by the laboratory. To make the process more efficient, ATSDR encouraged the use of the LeadCare II Analyzer for immediate readout of the blood lead level from a capillary test. For any capillary test result exceeding 5 ug/dL, an immediate confirmatory venous blood sample was taken for laboratory analysis. Eventually, ISDH decided to take venous blood samples from all individuals undergoing testing.

23. Throughout these screening opportunities, ATSDR has assisted in outreach programs (as more fully described below) and in coordinating and communicating with the multiple entities involved.

24. As of November 30, 2016, approximately 1,600 people have had their BLL tested. Of those, 330 are less than age 7. We continue to work with the City, ECHD, and ISDH to bring in more children. The results of these screenings are subject to medical and other privacy laws. Eventually, broader, statistical results will be made available in the Public Health Assessment that ATSDR is preparing. I describe that in greater detail in Part V.B below.

D. Coordination with Federal, State, and Local Agencies, and Other Entities

25. In general, in response to public health issues, multiple agencies at the federal, state, and local level bring various authorities, diverse expertise, and unique resources to bear on the problem. This case is no different. Dr. Caudill and I have played a significant role in working to bring multiple agencies to the table and in assisting in the coordination of the diverse activities.

26. The agencies that are working on the public health issues in East Chicago loosely called themselves the “East Chicago Health Response Team.” In addition to ATSDR, participants in this Team include:

- City of East Chicago
- East Chicago Health Department
- East Chicago Housing Authority
- Indiana State Department of Health
- Indiana Family Social Service Administration
- EPA- Superfund, Office of Children’s Health
- U.S. Department of Housing and Urban Development (“HUD”)- Healthy Homes Program
- CDC- National Center for Environmental Health (Atlanta)
- ATSDR- Division of Community Health Investigations (Atlanta)
- U.S. Department of Health and Human Services- Region 5 Office and Office of Assistant Secretary for Health (Washington, DC)
- U.S. Department of Agriculture; Food and Nutrition Service-Midwest Regional Office
- Regional Mental Health Center- (NW Indiana)
- North Township Trustee’s Office
- The Great Lakes Center for Children’s Environmental Health at the University of Illinois School of Public Health, a Pediatric Environmental Health Specialty Unit

27. Since mid-July, the East Chicago Health Response Team has held weekly conference calls, which I or Dr. Caudill has led. During these calls, the participants provide an update on current health-related activities, review progress on outstanding action items, make continuing plans for further actions, and identify opportunities for collaborative efforts between responding organizations. This forum has proven invaluable to share information and improve coordination across agencies to enhance our ability to address health needs within the community.

28. ATSDR also participates in weekly calls with the Multi-Agency Coordination Team (“MACT”). The MACT is described in the Declaration of Douglas Ballotti. The MACT is a forum where all of the various agencies provide updates on their activities.

29. Finally, when EPA’s Incident Command was operational (from August through early November), Dr. Caudill and/or I participated in daily calls regarding the then-current EPA

activities at the Site. We were available to respond to any public health issues that arose. Since the demobilization of the Incident Command, calls with EPA's Superfund Division regarding current EPA activities occur three days per week.

E. Educational Outreach

1. Site Residents

30. ATSDR has supported educational outreach to the residents of the Calumet neighborhood on the effects of lead and on how to mitigate exposure to lead. Our outreach has occurred both through EPA's community outreach program and through direct participation in outreach forums.

31. ATSDR jointly issued with EPA a flyer that EPA circulated to each residence in the Housing Complex in late June or early July that described the actions that residents should take to minimize exposure to lead, including but not limited to, not allowing children to play in the dirt, removing shoes before walking indoors, washing dogs regularly, and washing children's toys and pacifiers regularly. This flyer had the name, address, and phone number of Dr. Caudill and me and persons were directed to contact us for further information.

32. ATSDR also provided input on a document that was included in each package that EPA has provided and continues to provide to residents in Zones 2 and 3 as EPA has gone door-to-door to secure access for soil sampling. The fact sheet was modified to include recommendations regarding the consumption of garden vegetables. This issue was not included in the Zone 1 fact sheet since vegetable gardens were not allowed in the Housing Complex. This document also had the name, address, and phone number of Dr. Caudill and me and persons were directed to contact us for further information.

33. The Great Lakes Center for Children's Environmental Health developed a more medically focused fact sheet that addressed concerns about hazards and testing for lead and arsenic. Dr. Caudill and I reviewed the draft fact sheet and provided comments.

34. Dr. Caudill and/or I have participated in two "Open Houses" that have been held at the Site. The first, held on August 30th at the Old Carrie Gosch School, had an open format where ATSDR manned a table and individuals were able to come to us to ask questions. The second, held on September 24th at Riley Park, had a more structured format. EPA presented a summary of their investigation and planned remediation activities. Dr. Susan Buchanan of the Great Lakes Center for Children's Environmental Health gave a presentation on lead hazards. Dr. Buchanan and I subsequently fielded health-related questions. In addition, Dr. Caudill manned a table and responded to questions from residents.

35. Dr. Caudill and/or I have participated in several public meetings called by the Housing Authority to provide information about the relocation procedures for the Housing Complex residents. ATSDR attended the meeting to address health concerns from residents. In addition, we participated in an August 16th meeting at the First Baptist Church called by Twin Cities Ministers Alliance and answered health-related questions from community residents.

2. Community Advisory Group

36. Residents of the Site have been joining together to form what is referred to as a "Community Advisory Group" or "CAG" under CERCLA. When formed as an official CAG under CERCLA, CAGs represent the community in interactions with EPA regarding a whole range of issues at a Site. I was invited to attend, and did attend, a CAG kick-off meeting on

October 29. I now generally make myself available to respond to health-related questions from members of the group and I attended a second meeting they sponsored on December 3.

3. Health Care Providers

37. Through the East Chicago Health Response Team, Dr. Caudill and I are supporting efforts by ISDH, ECHD, and St. Catherine's Hospital to put on a workshop February 4, 2017 for physicians and other healthcare providers in the service area for East Chicago residents. I have been asked to be a speaker at the workshop, along with Dr. Susan Buchanan of the Great Lakes Center for Children's Environmental Health.

F. Efforts to Mitigate the Effects of Elevated Blood Lead Levels

38. The Indiana State Department of Health, which receives funding from the CDC Lead Poisoning Prevention Program, has primary responsibility for following up with children who have EBBLs through what is called "Case Management." Case management for EBBL children involves the inspection of a child's home to assess the presence of lead in the home, resulting in a report that characterizes the potential hazards and recommends action to mitigate any hazards; periodic follow-up blood testing; and, in children with significantly EBBLs, a clinical referral. ISDH has provided funding to ECHD to hire a nurse to fulfill these functions.

39. One of the challenges for Case Management of children who are in the process of relocation from the Housing Complex is making sure that there is coordination with the appropriate health authority in the area where they are moving to so that they have continued support to meet their needs. For families moving anywhere within the State of Indiana, ISDH has committed to ensuring that the case management responsibilities for any EBBL child is transferred to the public health authority at their new location. For families leaving the State of Indiana, ATSDR has facilitated discussions with HUD and the Housing Authority to ensure that

the case management responsibilities are transferred to the appropriate public health authority wherever their HUD housing choice vouchers are applied.

40. Other efforts to mitigate the effects of EBBs are nutritional services. Foods rich in iron, calcium, and Vitamin C reduce the absorption of lead. The Food and Nutrition Service (“FNS”) of the USDA and the Purdue Extension Service have spearheaded efforts to educate residents about nutrition, to supply fresh fruits, vegetables, and to offer a salad bar for East Chicago schools. FNS has also supported the development of Public Service Announcements about the importance of good nutrition, which have been provided to the City of East Chicago to run on the City’s local Cable Network.

G. Indoor Dust Sampling Support

1. Sampling Protocol

41. After EPA made a decision in July of this year to sample the interior of Housing Complex units for lead, EPA asked for ATSDR’s assistance in the development of an indoor dust sampling protocol. In consultation with EPA risk assessors and project managers from EPA Regions 2, 7, 8, and 10, EPA-HQ, and the Utah Department of Environmental Quality (who are members of the EPA Technical Review Workgroup for Lead), I provided technical assistance to EPA to develop an indoor dust sampling protocol. Since there was not a specific guidance document available that covered all aspects of the sampling, analysis, and evaluation of contaminants in indoor dust data, the protocol that we developed for East Chicago drew from several guidance documents and sampling plans from other EPA and ATSDR site investigations. Recommendations were made for sampling equipment, the use of appropriate membrane filters to collect the dust, monitoring the mass of dust collected to ensure meeting analytical detection

limits, and laboratory sieving of the bulk dust sample according to the following two EPA guidance documents:

- (1) USEPA Guidance for the Sampling and Analysis of Lead in Indoor Residential Dust for use in the Integrated Exposure Uptake Biokinetic (IEUBK) Model; OSWER 9285.7-81; December 2008:
<https://semspub.epa.gov/work/HQ/174572.pdf>
- (2) USEPA Recommendations for Sieving Soil and Dust Samples at Lead Sites for Assessment of Incidental Ingestion. Office of Solid Waste and Emergency Response Directive 9200.1-128; July 1, 2016 (“Recommendations for Sieving”):
<https://semspub.epa.gov/work/HQ/100000133.pdf>

42. Given the objective to sample all of the units in the Housing Complex within a relatively short time frame, the sampling protocol needed to allow for a rapid collection of samples using equipment that was readily available and did not need extensive decontamination procedures. We decided to use the “Omega” HEPA vacuum equipment that EPA had already had in-house, together with “Forensic Trace Evidence” vacuum filters (manufactured by SIRCHIE) and sampling tool, that was attached to the end of the vacuum hose. We added an additional filter (0.3 micron pore size) to the sampling cassette to ensure that ultrafine particles would be captured with the vacuum sampling. This sampling method allowed for a rapid and efficient sampling procedure.

43. I made specific recommendations for processing the samples. One of the most likely paths of children’s exposure to dust particles is through adherence to their hands, which they then place in their mouths and then swallow the lead-contaminated dust. Adherence of dust and soil particles to a child’s hand (or other surfaces) is related to particle size. Particles larger than 150 microns are not likely to adhere to the skin surface. Therefore, in order to assess the exposure of children to lead in dust, we recommended that material collected on the vacuum filters be sieved to separate out the fine particles (that can adhere to the skin) from the coarse

particles (that don't adhere). The recommendation was based on the "Recommendations for Sieving" EPA Guidance document referenced above

44. I also made a recommendation that sampling teams specifically measure the surface area that is vacuumed for each sample. By knowing the surface area and the concentration (from the analytical results), the "mass per square foot" or "loading" can be calculated. The loading is the most important metric for determining the efficacy of interior cleaning. The loading pre-cleaning can be compared to the loading post-cleaning to verify the effectiveness of the cleaning process.

2. Screening Levels

45. Lead. I provided input to assist EPA in developing the screening levels that were used to determine if the interior of homes needed to be cleaned in Zones 2 and 3. For lead, the EPA IEUBK Model was used, with a combination of site-specific and default values for model input parameters, to predict the distribution of blood lead levels based on estimated exposures. Ultimately, EPA decided to 316 ppm lead as the indoor screening level.

46. Arsenic. I also assisted EPA in developing the screening level for arsenic. To be consistent, the indoor dust screening level for arsenic was recommended to be the same as the outdoor soil action level of 26 ppm.

3. ISDH Lead-Based Paint Coordination

47. I was aware that ISDH had responsibility to ensure that children with EBBLs were evaluated under case management. Since that evaluation included home inspections for lead hazards, ISDH was contacted to determine if a sampling team certified to inspect homes for lead-based paint ("LBP") hazards could be requested to assist with the EPA investigations of homes within the Housing Complex. I worked with ISDH management to arrange for ISDH

inspectors to accompany the EPA crews during interior sampling events during the initial set of homes. ISDH did lead inspections for about 28 homes in the Housing Complex, and ultimately concluded that there was no evidence of LBP detected in the interiors of those homes based on X-Ray Fluorescence (“XRF”) screening of painted surfaces for the presence of lead. Therefore, the lead contamination detected in their surface wipes samples were attributed to the lead-contaminated soil being tracked-in or blown-in from the outside.

H. Soil Excavation Support

1. Excavation Perimeter Air Monitoring

48. Dr. Caudill and I advised EPA regarding appropriate air monitoring methods and health-protective screening levels for residents and workers at soil excavation sites. ATSDR customarily assists EPA in developing site-specific air monitoring plans that are designed to ensure that the process of excavation does not lead to the spread of contamination away from the area of remediation.

49. In order to ensure that contaminated soil does not become airborne, EPA installed air monitoring devices at each excavation worksite to continuously and contemporaneously measure the amount of particulate matter (“PM” or “dust”) in the air. Of particular concern to public health are particles which are small enough to bypass the respiratory system’s natural defenses and become lodged deep in the lungs, generally less than 10 microns in diameter (“PM₁₀”). PM in the lungs can increase the occurrence and severity of asthma, aggravate various lung diseases, and reduce the body’s ability to fight infections.

50. Between October 5-13, 2016 Dr. Caudill and I provided technical support to EPA’s Dr. Keith Fusinski as he drafted a memo documenting how he derived a dust-based air screening level that was health protective given known concentrations of arsenic and lead in soil. This

approach for Zone 3 was then adjusted for Zone 2 by Dr. Fusinski in our subsequent discussions between October 31 and November 7, 2016.

2. Ambient Air Monitoring

51. Dr. Caudill and I advised EPA on appropriate air monitoring methods and health-protective screening levels for ambient sites throughout the Superfund site. We recommended the installation of air monitors of the same type that are used to measure compliance with EPA's National Ambient Air Quality Standards ("NAAQS"). The State of Indiana has NAAQS air monitors at numerous locations in Northwest Indiana. By installing NAAQS monitors at the Site, we could determine how the air quality in the Calumet neighborhood compared to the air quality of other neighborhoods. In addition, because these monitors were installed prior to any excavation, we could measure any impact the remediation might have.

IV. ATSDR'S CURRENT PLANS FOR FUTURE ACTIONS AT THE SITE

A. Continuation of Previously-Described Activities

52. Dr. Caudill and I will continue to be actively involved in the USS Lead Site in the future. We will continue to be a critical member of the East Chicago Health Response Team and the MACT in order to make progress toward reducing the risk of exposure to lead and mitigating the effects of lead in children who have tested with elevated blood lead levels. Our educational outreach activities likewise will no doubt continue as we work to communicate information about lead hazards, ways to reduce exposure to lead, and the importance of having children tested for their blood lead levels to make sure that appropriate actions be taken if the results indicate an exposure of health concern.

53. We will also continue to provide information and support as needed on the now-existing plans and protocols for indoor dust sampling, exterior perimeter air sampling, and ambient air sampling.

54. We will remain ready to support and advise federal, state, and local agencies involved on health-related issues in the East Chicago response and to address community health concerns as they arise in the future.

B. Public Health Assessment

55. Dr. Caudill and I are in the process of preparing another Public Health Assessment for the Site to summarize the findings of the investigations, including but not limited to an evaluation of data on the soil and indoor dust. We will also be reviewing available health outcome data and the results of historical and current blood lead testing.

Pursuant to 28 C.F.R. § 1746, I declare under penalty of perjury that these statements are true and correct to the best of my knowledge and belief.

s/ Mark Johnson
Mark Johnson

December 15, 2016